

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:33

DOCUMENT # L00000015710

1. Limited Liability Company's Name

SYDNEY International LLC

2. Principal Office Address

7100 Grace RD

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

7100 Grace RD

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32819

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/15/2000

6. FEI Number

59-3686379

Applied For

Not-Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ALAN SIEGEL

Street Address (P.O. Box Number is Not Acceptable)

7100 Grace RD

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32819

00006091 7710
10/25/05--01036--010 **300.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Alan Siegel
REGISTERED AGENT MUST SIGN

Date

10/22/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	Alan Siegel	7100 Grace RD, orl 32819	Orl, FL 32819

REINSTATEMENT 02-05

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Alan Siegel

Date

10/22/05

Daytime Phone #

321 303 2021

Typed or printed name of signing Managing Member/Manager

ALAN Siegel